

ACUSHNET COMPANYFAX COVER SHEET

DATE: August 2, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: Raeann Gorden
Facsimile No.: 571-273-8300

FROM: Jin Qian
Customer Number: 40990
Phone No.: (508) 979-3297

RE: Application Serial No.: 10/611,833
Response to Office Action of August 1 2005

Pages including cover sheet: 13

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on August 2, 2005
Date


Signature

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Jin Qian (Reg. No. 55,997)
Name of person signing Certificate

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ACUSHNET COMPANY RECEIVED 508-979-3063
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P-2

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete If Known	
Application Number	10/611,833
Filing Date	July 1, 2003
First Named Inventor	Matthew F. Hogge
Examiner Name	Raeann Gorden
Art Unit	3711
Attorney Docket No.	B03-13

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	-	= 0	× 50 =	0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	-	= 0	× 200 =	0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
-	- 100 =	/ 50 =	× 250 =	

4. OTHER FEESStatutory Disclaimer \$130Click to select**SUBMITTED BY**

Signature		Registration No. 55,997	Telephone (508) 979-3297
Name	Jin Qian	Date 08-02-2005	